

<i>SERFF Tracking Number:</i>	<i>UNAM-126050887</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>The Pyramid Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>41671</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>MS06 Medicare Supplement - Other</i>	<i>Sub-TOI:</i>	<i>MS06.000 Medicare Supplement - Other</i>
<i>Product Name:</i>	<i>Major Medical Expense</i>		
<i>Project Name/Number:</i>	<i>External Review Annual Report/</i>		

Filing at a Glance

Company: The Pyramid Life Insurance Company

Product Name: Major Medical Expense

SERFF Tr Num: UNAM-126050887 State: ArkansasLH

TOI: MS06 Medicare Supplement - Other

SERFF Status: Closed

State Tr Num: 41671

Sub-TOI: MS06.000 Medicare Supplement - Other

Co Tr Num:

State Status: Filed-Closed

Filing Type: Advertisement

Co Status:

Reviewer(s): Stephanie Fowler

Author: Alicia Phillips-Guiler

Disposition Date: 02/27/2009

Date Submitted: 02/25/2009

Disposition Status: Accepted For Informational Purposes

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: External Review Annual Report

Project Number:

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 02/27/2009

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 02/27/2009

Corresponding Filing Tracking Number:

Deemer Date:

Filing Description:

In compliance with Rule and Regulation 76, Arkansas External Review Regulation. The Pyramid Life Insurance Company reports that no independent reviews were needed for calendar year 2008. We report for our major medical expenses-incurred plans as follows.

- a. Total number of requests for external review – 0
- b. From the number of requests for external review that are filed directly with the health

SERFF Tracking Number: UNAM-126050887 State: Arkansas
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carrier, the number of requests accepted for a full external review – 0

- c. Number of requests for external review resolved and, of those resolved, the number resolved upholding the adverse determination or final adverse determination and the number resolved reversing the adverse determination or final adverse determination – 0
- d. Average length of time for resolution – N/A
- e. Reasons for any failure to meet any of the deadlines specified in the regulation – N/A
- f. Summary of types of coverages or cases for which an external review was sought – N/A
- g. Number of external reviews that were terminated as the result of a reconsideration by the health carrier of its adverse determination or final adverse determination after the receipt of additional information from the covered person – 0
- h. Any other information the commissioner may request or require – N/A

Should you have any questions or need additional information, please contact me at 407-995-8000, ext. 8334 or aguiler@uafc.com

Sincerely,

Alicia P. Guiler
Compliance Analyst

Company and Contact

Filing Contact Information

Alicia Guiler, AGuiler@uafc.com
P.O. Box 958465 (407) 628-1776 [Phone]
Lake Mary, FL 32795-8465 (407) 628-9021[FAX]

Filing Company Information

The Pyramid Life Insurance Company CoCode: 68284 State of Domicile: Kansas
1001 Heathrow Park Lane Group Code: 953 Company Type:

SERFF Tracking Number: *UNAM-126050887* *State:* *Arkansas*
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Company Tracking Number:
TOI: *MS06 Medicare Supplement - Other* *Sub-TOI:* *MS06.000 Medicare Supplement - Other*
Product Name: *Major Medical Expense*
Project Name/Number: *External Review Annual Report/*

Suite 5001

Lake Mary, FL 32746

(407) 995-8000 ext. [Phone]

Group Name:

FEIN Number: 48-0557726

State ID Number:

SERFF Tracking Number: UNAM-126050887 State: Arkansas
Filing Company: The Pyramid Life Insurance Company State Tracking Number: 41671
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Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Pyramid Life Insurance Company	\$0.00	02/25/2009	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Informational Purposes	Stephanie Fowler	02/27/2009	02/27/2009

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Disposition

Disposition Date: 02/27/2009

Implementation Date:

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	External Review Annual - Reg 76	Accepted for Informational Purposes	Yes

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Rate Information

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SERFF Tracking Number: UNAM-126050887

State: Arkansas

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Supporting Document Schedules

Satisfied -Name: External Review Annual - Reg 76

Review Status:

Accepted for Informational 02/27/2009
Purposes

Comments:

Attachment:

AR - EXTERNAL REVIEW ANNUAL RPT.pdf



PO Box 958465
Lake Mary, FL 32795-8465
ph: 1 800 444 0321
www.pyramidlife.com

February 25, 2009

Life and Health Division
Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201-1904

Re: **THE PYRAMID LIFE INSURANCE COMPANY**
External Review Annual Report
Regulation 76

NAIC# 68284

Dear Sir/Madam:

In compliance with Rule and Regulation 76, Arkansas External Review Regulation. The Pyramid Life Insurance Company reports that no independent reviews were needed for calendar year 2008. We report for our major medical expenses-incurred plans as follows.

- a. Total number of requests for external review – 0
- b. From the number of requests for external review that are filed directly with the health carrier, the number of requests accepted for a full external review – 0
- c. Number of requests for external review resolved and, of those resolved, the number resolved upholding the adverse determination or final adverse determination and the number resolved reversing the adverse determination or final adverse determination – 0
- d. Average length of time for resolution – N/A
- e. Reasons for any failure to meet any of the deadlines specified in the regulation – N/A
- f. Summary of types of coverages or cases for which an external review was sought – N/A
- g. Number of external reviews that were terminated as the result of a reconsideration by the health carrier of its adverse determination or final adverse determination after the receipt of additional information from the covered person – 0
- h. Any other information the commissioner may request or require – N/A

Should you have any questions or need additional information, please contact me at 407-995-8000, ext. 8334 or aguiler@uaafc.com

Sincerely,

A handwritten signature in black ink, appearing to read "Alicia P. Guiler", written in a cursive style.

Alicia P. Guiler
Compliance Analyst